## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/536563

| CLAIMS AS FILED - PART I   |  |   |  |                                |   |                  |      | SMALL ENTITY TYPE   |   |      | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--|--------------------------------|---|------------------|------|---------------------|---|------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  | (Column 1)                                |  | (Column 2)                     |   | 1                | RATE | FEE                 | 1 .                                     | RATE | FEE                        |                        |
| ⊢  |  |   | SMALL ENT.                                 | - ¢ 150                        | LARC  | YE ENT - \$ 200  | 1    |                     |   | l    |                            |                        |
| BASIC FEE  |  |   | Satisfies PCT Ar                           |                                | LARGE ENT. = \$ 300  All other situations = |                  |      | BASIC FEE           |   | OR   | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | (4) = \$50                                 | /\$ 100 `                      |   | 100 / \$ 200     |      | EXAM. FEE           |   | 1    | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ntries =                       | All other situations = \$ 250 / \$ 500      |                  |      | SEARCH FEE          |   |      | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minı                                       | ıs 100 =                       | / 50 <del>=</del>                           |                  |      | X \$ 125 =          |   |      | X \$ 250 =                 |                        |
| тот  | AL CHARGEAI                                    | BLE CLAIMS                                | (8 mir                                     | nus 20 =                       | *   |                  |      | X \$ 25 =           |   | OR   | X \$ 50 =                  |                        |
| INDI   | EPENDENT CL                                    | AIMS                                      | ∂ m  | inus 3 =                       | * '   |                  |      | X \$ 100 =          |   | OR   | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT                                      |                                |   |                  |      | + \$ 180 =          |   | OR   | + \$ 360 =                 |                        |
| * If   | the difference                                 | in column 1 is                            | ess than zero                              | , enter "(                     | )" in co                                    | lumn 2           | •    | TOTAL               |   | OR   | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                                |   |                  |      | SMALL E             | ENTITY                                  | OR   | OTHER                      |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY                                | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE                  |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                             |   | =                |      | X \$ 25 =           |   | OR   | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                                      | ***                            |   | =                |      | X \$ 100 =          |   | OR   | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |   |                  |      | + \$ 180 =          |   | OR   | + \$ 360 =                 |                        |
| _  |  |   |  |                                |   |                  |      | TOTAL ADDIT.<br>FEE |   | OR   | TOTAL ADDIT.<br>FEE        |                        |
|  |  | (Column 1)                                |  | (Colur                         | nn 2)                                       | (Column 3)       |      | •                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •    |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY                         | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE                  |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                             |   | Ė                |      | X \$ 25 =           |   | OR   | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                                      | ***                            |   | =                |      | X \$ 100 =          |   | OR   | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |   |                  |      | + \$ 180 =          |   | OR   | + \$ 360 =                 |                        |
|  |  |   |  |                                |   |                  | •    | TOTAL ADDIT.<br>FEE |   | OR   | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |   |  |                                |   |                  |      |                     |   |      |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.